Form AA-302 Rev. 2/90

State of New Jersey

AFFIRMATIVE ACTION EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS ON BACK OF FORM CAREFULLY BEFORE COMPLETING FORM. TYPE OR PRINT IN SHARP BALL POINT PEN. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM MAY DELAY ISSUANCE OF YOUR CERTIFICATE. SECTION A — COMPANY IDENTIFICATION 2. TYPE OF BUSINESS 1. FID. NO. OR SOCIAL SECURITY 3. TOTAL NO. EMPLOYEES IN THE ENTIRE ☐ 2. SERVICE ☐ 1. MFG. ☐ 3. WHOLESALE COMPANY ☐ 4. RETAIL ☐ 5. OTHER 4. COMPANY NAME 5. STREET CITY COUNTY STATE ZIP CODE 6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) CITY STATE ZIP CODE 7. DOES THE ENTIRE COMPANY HAVE A TOTAL OF AT LEAST 50 EMPLOYEES? ☐ YES □ NO 8. CHECK ONE: IS THE COMPANY: □ SINGLE-ESTABLISHMENT EMPLOYER □ MULTI-ESTABLISHMENT EMPLOYER 9. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN N.J. 10. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT 11. PUBLIC AGENCY AWARDING CONTRACT STATE ZIP CODE OFFICIAL USE ONLY DATE RECEIVED **OUT OF STATE PERCENTAGES** ASSIGNED CERTIFICATION NUMBER MO/DAY/YR COUNTY MINORITY FEMALE SECTION B — EMPLOYMENT DATA 12. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority categories, in columns 1, 2 & 3. MINORITY GROUP EMPLOYEES (Permanent) **EMPLOYEES** JOB Col. 1 Col. 2 Col. 3 FEMALE **CATEGORIES** TOTAL FEMALE MALE AMERICAN **AMERICAN** Cols. 2 & 3 BLACK HISPANIC INDIAN ASIAN BLACK HISPANIC INDIAN ASIAN Officials and Managers Professionals Techniciens Sales Workers Office and Clerical Craftworkers (Skilled) Operatives (Semi-skilled) Laborers (Unskilled) Service Workers TOTAL Total employment from Previous Report (If any) The data below shall NOT be included in the figures for the appropriate categories above Temporary and Part-time Employees 13. HOW WAS INFORMATION AS TO FIACE OR ETHNIC GROUP IN SECTION B OBTAINED? 15. IS THIS THE FIRST EMPLOYEE INFORMATION 16. IF NO, DATE OF LAST REPORT SUBMITTED [] 1. VISUAL SURVEY [] 2. EMPLOYMENT RECORD (SPECIFY) REPORT (AA-302) SUB-MITTED? 14. DATES OF PAYROLL PERIOD USED From: MO. DAY YEAR 1. YES 🗆 2. D NO To: SECTION C — SIGNATURE AND IDENTIFICATION 17. NAME OF PERSON COMPLETING FORM (Print or Type) (CONTRACTOR EEO OFFICER) **SIGNATURE** TITI F DATE MO. DAY YEAR 18. ADDRESS (NO. & STREET) (CITY) (STATE) (ZIP CODE) PHONE (AREA CODE, NO., EXTENSION)